

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104121

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: TINY HANDS CHILDCARE/PRESCHOOL, INC.

## Current Principal Place of Business:

20150 MIDWAY BLVD  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

## Current Mailing Address:

1349 YATES STREET  
PORT CHARLOTTE, FL 33952

## New Mailing Address:

17491 SHIRLEY AVE.  
PORT CHARLOTTE, FL 33948

FEI Number: 65-1149361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KNISLEY, THOMAS L  
1349 YATES STREET  
PORT CHARLOTTE, FL 33952 US

## Name and Address of New Registered Agent:

KNISLEY, THOMAS L  
17491 SHIRLEY AVE.  
PORT CHARLOTTE, FL 33948 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KNISLEY, THOMAS L  
Address: 1349 YATES STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DVTS ( ) Delete  
Name: KNISLEY, CHRISTENE R  
Address: 1349 YATES STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: KNISLEY, THOMAS L  
Address: 17491 SHIRLEY AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DVTS (X) Change ( ) Addition  
Name: KNISLEY, CHRISTENE R  
Address: 17491 SHIRLEY AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTENE KNISLEY

DVTS

04/24/2009

Electronic Signature of Signing Officer or Director

Date